

<b>Case Number:</b>	CM14-0052134		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/13/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old male who has submitted a claim for status post left foot operation, status post right knee operation, post traumatic right elbow problem, chronic lower back pain, likely right calf injury, insomnia secondary to pain, and status post radiofrequency neurolysis (09/28/2009, 04/12/2012, and 01/23/2014) associated with an industrial injury date of 11/13/2000. Medical records from 09/23/2013 to 04/04/2014 were reviewed and showed that patient complained of low back pain graded 5-6/10 and right knee pain graded 2/10. Physical examination of the lumbar spine revealed pain with rotational extension and tenderness over L3 to S1 right facet capsule. MMT and DTR of lower extremities were normal. Physical examination of the right knee revealed point tenderness over the medial and lateral joint lines, some soft tissue swelling, crepitus with ROM testing, and substantial pain with varus, valgus, and anterior drawer tests. Treatment to date has included right knee surgery (date not made available), radiofrequency neurolysis (09/28/2009, 04/12/2012, and 01/23/2014), Ibuprofen, Cymbalta, Norco 10/325mg #120 (prescribed since 09/23/2013). Of note, aforementioned radiofrequency neurolysis procedures provided pain reduction of 70-80% and functional improvement for unspecified duration. Utilization review dated 04/15/2014 modified the request for prescription of Norco 10/325mg #120 to #96 for the purpose of weaning. Utilization review dated 04/15/2014 denied the request for 1 radiofrequency neurolysis of medial branch nerves at right L5, L4, L3, and L2 because the guidelines do not support neurolysis of more than 2 joint levels.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

## **1 Prescription Of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg #30 since 09/23/2013. However, there was no documentation of analgesia, functional improvement, and urine toxicology results which are all required to support continuation of opiates. Therefore, the request for 1 Prescription of Norco 10/325mg #120 is not medically necessary.

## **1 Radiofrequency Neurolysis of Medial Branch Nerves at Right L5, L4, L3, and L2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines were used instead. The Official Disability Guideline criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. In this case, the patient had 3 previous radiofrequency neurolysis (09/28/2009, 04/12/2012, and 01/23/2014) which provided 70 to 80% pain relief for unspecified duration. The guidelines require at least 50% pain relief for a minimum of 12 weeks to support repeat neurotomy. There was no documentation of failure with conservative management or plan of additional conservative care in addition to facet joint

therapy which are both required by the guidelines. Furthermore, the request for neurolysis of L2, L3, L4, and L5 is not in conjunction with guidelines recommendation of blockage at no more than 2 levels. Therefore, the request for 1 Radiofrequency Neurolysis of Medial Branch Nerves at Right L5, L4, L3, and L2 is not medically necessary.